Battle River School Division EXPENSE CLAIM

Name:	Patrick McFeely			Mailing Address:		n/a if direct deposit established; attach bank info to set-up	
Month/Year:	March 2024					That it direct depe	on established, allacin balls into to set up
School/Location:	Trustee		Control of the Control	Student			
IMPORTANT: Expense Claim must be submitted to Division Office <u>WITHIN TWO MONTHS</u> from the end of the month the claim is for. Expenses submitted after this date will <u>NOT</u> be reimbursed. ORIGINAL EXPENSE CLAIMS are required for payment. Copies, including forms sent via fax/email, will not be processed BUS DRIVERS Do NOT claim field trip expenses (claim on the applicable "Trip Report" form). INTERNATIONAL STUDENT PROGRAM claim mileage/parking only; reimbursement requires original parkade receipt.							
INTERNATION	AL STUDENT PROGRAM -	- ciaim ir	illeage/pa	rking only		ement requi	res original parkade receipt.
Date (YYYY Mon DD)	Description	Kms	.68 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2024/3/15	Zone 4 - Joint Meeting	190	129.20			129.20	
	in Ponoka						
×							
	A TOTAL TO A STATE OF THE STATE						
Attach original receipts for expenses claimed					TOTAL	129.20	133
	Signature:	-					OFFICE USE ONLY Total GST:
	Authorized By (Name): Authorized By (Signature):			5		-	MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00 Dinner: \$23.50